

EXHIBIT C

Glossary for Claim Sample Spreadsheet Headings	
Field Name	Description
NDC	National Drug Code: An 11-digit number combining the five-character labeler code, four-character product code, and the two-character package size code .
Product Name	The drug name entered in the claim sample extract is the complete name of the drug (populated by the Medi-Cal Formulary) identified in the pertinent provider's claim as submitted for reimbursement by CDHS.
Provider Name	The name of the Medi-Cal provider as shown on the California Department of Health Services (CDHS) provider's license.
Claim Control Number	The unique 13-digit number assigned by Claims Processing Contractor (EDS) to identify and track Medi-Cal claims as they move through the claims processing system.
Units	The quantity of units billed by the Medi-Cal provider and paid for by CDHS.
Paid Amount	The actual dollar amount for the claim which was paid to a Medi-Cal provider. Dollar amount paid includes a \$4.05 dispensing fee and reflects a Legislative mandated claim reduction which varied from \$.10-\$.50 per claim, and was in effect from 1995 to August 16, 2004.
Billed Amount	The dollar amount billed by provider in its claim for Medi-Cal reimbursement.
Claim Paid Date	The date of payment.